



PHYSICIAN & DENTIST APPLICATION CHECKLIST

Doctor of Medicine (MD)
Doctor of Osteopathic Medicine (DO)
Doctor of Dental Medicine (DMD)

Doctor of Dental Surgery (DDS)
Doctor of Podiatric Medicine (DPM)
Doctor of Chiropractic (DC)

The time required to process a **complete** CMS provider application is now less than (30) days. To assist in the timely processing of your application, we have provided the following checklist of documents necessary to complete your application for review.

Before you begin your online application at www.cmskidsproviders.com, be prepared to mail, email or fax the following required documents:

-
- ☐ Copy of **Form W9(s)** for each pay to/remit practice affiliation (solo/group/hospital) to ensure accurate claims payment.
 - ☐ Copy of current **Curriculum Vitae** documenting previous five (5) year work/educational history in a month/year timeline, *with explanation of any gaps longer than 90 days in employment.*
 - ☐ Copy of current, valid **State of Florida Medical Quality Assurance (MQA) license.**
 - ☐ Individual **National Provider Identification (NPI)** number
 - ☐ Copy of any **Specialty Certifications** (*Dentists, Podiatrists, Chiropractors only*)
 - ☐ Copy of **Board Certification** in the specialty for which you are requesting approval. Review the Board Certification section of the Provider Handbook for exceptions and additional information.
 - ☐ Copy of current **DEA Certification**, if applicable.
 - ☐ **Level II Security Background** investigation pursuant to Florida Statute Chapter 435 standards completed within the past 12 months. (*Early Steps Only*)
 - ☐ Summary of professional liability claim(s) pending or filed against you within the past five (5) years. Provide detailed information as indicated on the **Professional Liability Claim Form**, if applicable.
 - ☐ Summary of **Medicaid and Medicare sanctions** within the past five (5) years, if applicable. Provide date of occurrence, amount paid and brief summary of events for each sanction.
 - ☐ Copy of **Letter of Transfer Agreement** or a copy of an existing agreement on file with an AHCA approved facility, signed and dated within the last year (*Pediatrics, Internal and Family Medicine only*).
 - ☐ Current malpractice coverage in accordance to your specific Florida Statute practice act or bond that complies with the physician's relevant practice act in the Florida Statutes.

Please be aware that there are additional required documents to participate in CMS specialty programs – Early Steps, CPT, MFC and RPICC. Refer to the Physicians & Dentists Provider Handbook for more details.

Please submit your documentation **only once** and by **one** of the following methods:

MAIL

Children's Medical Services
4052 Bald Cypress Way, Bin A06
Tallahassee, FL 32399-1707
ATTN: Provider Management

EMAIL

cmsproviderhelp@doh.state.fl.us

FAX

(850) 487-1279

You will be notified of receipt of application documentation by the Provider Management team within (7-10) business days of receipt. If the application is incomplete, you will be requested to submit the required documentation within (21) days. Failure to achieve a complete application within the thirty (30) day time frame may result in the application process being stopped or dismissed.

Under special circumstances, a provider's application may undergo additional review by the Physician Review Committee (PRC), which may delay CMS participation determination.

You will be notified in writing within fifteen (15) days of CMS participation determination.

For questions or additional instruction, contact your local Provider Relations Liaison or the Children's Medical Services Provider Management Helpdesk by telephone (850) 245-4215 or email cmsproviderhelp@doh.state.fl.us

Refer to the Physicians & Dentists Provider Handbook at www.cms-kids.com for more detailed information on the application process.